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<i>f</i>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Application Number	09/9	95,588		<i>7</i> 572
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date		ember 30, 20	001	(
		First Named Inventor		nn J. Dorin	Ap.	
		Group Art Unit	1653		CA	
		Examiner Name	Unki	nown		- Kangara
Total Number of Pages in This Submission	on 1	Attorney Docket Numb	er 0124	141.00013		, 160
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	Petition	to Convert to a		roprietary Inforr		
Affidavits/declaration(s)		onal Application	☐ St	atus Letter		
Extension of Time Request Power o		of Attorney, Revocation of Correspondence Addres	ss S o	ther Enclosure	(s) ow):	
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Supplemental Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	•
Suggested Group Art Unit::	1653
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Formulation, Solubilization, Purification, and
Attorney Docket Number::	Refolding of Tissue Factor Pathway Inhibitor 012441.00013
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
3 - 9	
Total Drawing Sheets::	34
	34 NO
Total Drawing Sheets::	
Total Drawing Sheets:: Small Entity?::	
Total Drawing Sheets:: Small Entity?:: Latin name::	
Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name::	NO
Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name:: Petition included?::	NO
Total Drawing Sheets:: Small Entity?:: Latin name:: Variety denomination name:: Petition included?:: Petition Type::	NO

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Status::

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Postal or Zip Code of mailing address::

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State or Province of mailing address::

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

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Primary Citizenship Country::

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Status::Enter

Full Capacity

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Family Name::

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Family Name::

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Status:: Full Capacity

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

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Primary Citizenship Country:: US

Status:: Full Capacity

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Family Name:: Johnson

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State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94608

Correspondence Information

Correspondence Customer Number::

22907

Representative Information

Representative Customer Number::

22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::	
This Application	Continuation of	09/443,099	11/18/99	
09/443,099	Division of	09/973,211	06/11/99 06/07/96 06/07/95	
09/973,211	National Stage of	PCT/US96/09980		
PCT/US96/09980	Continuation-in-Part of	08/473,668		
08/473,668 Continuation-in-Part of		08/477,677	06/07/95	

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
			,

Assignee Information

Assignee name::

Chiron Corporation

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City of mailing address::

Emeryville

State or Province of mailing address::

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

Assignee Information

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City of mailing address:: Skokie

State or Province of mailing address:: IL

Country of mailing address::

Postal or Zip Code of mailing address:: 60077